

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICATION NO.

107070007

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
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7	/					
8	/					
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23	/		/			
24			/			
25			/		X	
26			/			
27			/			
28			/			
29			/			
30			/			
31			/			
32			/			
33			/			
34			/			
35			/			
36			/		X	
37			/			
38			/			
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42			/			
43			/			
44			/			
45			/			
46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.	50		14		2	
TOTAL DEP.	0		0		0	
TOTAL CLAIMS	50		14		2	

	A		B		C	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52			/			
53			/			
54			/			
55			/			
56			/			
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98						
99						
100						
TOTAL IND.	0		0		0	
TOTAL DEP.	0		0		0	
TOTAL CLAIMS	0		0		0	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS